



**Metropolitan Action Commission
Community Services Division
Low Income Home Energy Assistance Program
(LIHEAP) Application
July 1, 2012 thru June 30, 2013**

Type of Assistance you are applying for (Please check one):

☐ **Energy Assistance**

☐ **Crisis Assistance. If applying for Crisis, please state crisis situation here** _____

APPLICANT INFORMATION (PRINT ONLY)

Name:	Marital Status: (Circle One) Married Separated Never Married Divorced Widowed	Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Birth: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SSN: - -
Education Level:		
Current Address:		
City:	State:	Zip Code:
Phone: ()		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Section 8	Monthly Income \$	Monthly Rent or Mortgage Amount \$
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	(Circle One) Race: Caucasian Hispanic African American Asian Two or More Races Native Hawaiian/Other Pacific Islander American Indian or Alaska Native Mid-Easterner Other	

OTHER MEMBERS OF HOUSEHOLDS

Name:	Relationship to Applicant:		
SSN: - -	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Income:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education:	Race:
Name:	Relationship to Applicant:		
SSN: - -	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Income:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education:	Race:
Name:	Relationship to Applicant:		
SSN: - -	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Income:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education:	Race:
Name:	Relationship to Applicant:		
SSN: - -	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Income:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education:	Race:

If you need additional space for other members of household, please ask for an additional member sheet from case manager.

FAMILY TYPE	SOURCE OF INCOME
<input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults NO children <input type="checkbox"/> Other	(Circle All that Apply) Employment Child Support SS SSI SSDI Pension/Retirement Families First No Income
	(Circle) Weekly Bi-Weekly Semi-monthly Monthly

Name of Energy Supplier:

Name on Bill: _____ Account Number: _____

Type of Assistance Applying for: ☐ Electric ☐ Gas ☐ Other (wood, propane)

Has your residence been insulated under the Weatherization Program by MDHA?

Yes No (please circle)

Are you interested? Yes No (please circle)

Please see back of application

PLEASE CHECK IN BOX TO VERIFY THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT.

☐ I certify to the best of my knowledge all of the information given by me is true and correct. I also authorize the verification of any and all information for the purpose of certification and for assistance, and do ☐ or do not ☐ agree that the information contained in my application may be shared with other agencies from which I seek additional services. I understand that if I withhold any information or submit false information and receive services to which I am not entitled, I may be subject to criminal prosecution under the laws for the State of Tennessee.

☐ I understand that I will be notified of whether this application has been accepted or rejected. **I understand that notification for acceptance of my application does not guarantee I will receive the requested assistance within any certain time period.** I also understand that I may appeal any decision to reject my application in accordance with the grievance procedures outlined by the Metro Action Commission.

☐ I certify that from July 1, 2012 through June 30, 2013 neither I, nor any member of my household received LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) services from a Tennessee LIHEAP agency. **Regardless as to whether this application is ultimately accepted or rejected by the Metropolitan Action Commission, I understand that paying my utility bill remains my responsibility.** The Metropolitan Action Commission reserves the right to reject my application for assistance. Should the Metropolitan Action Commission accept my application and provide the requested assistance, such action shall not constitute accepting responsibility for maintaining my account.

☐ To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the Metropolitan Government, officers, agents, employees, and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my application for assistance and/or related activities, whether due to negligence, mistake or other action or inaction of the Metropolitan Government or any other person or entity.

Signature of applicant: _____

Date: _____

For additional information on completing the application please call Ms. Brenda Gill (615) 862-8860 extension 70124.

**LOW INCOME HOME ENERGY ASSISTANCE
PROGRAM (LIHEAP) FY 2013 INCOME GUIDELINES**

Members in Household	Monthly Limit	Annual Limit
1	\$1,396	\$16,755
2	\$1,891	\$22,695
3	\$2,386	\$28,635
4	\$2,881	\$34,575
5	\$3,376	\$40,515
6	\$3,871	\$46,455
7	\$4,366	\$52,395
8	\$4,861	\$58,335

**Metropolitan Action Commission
Community Services Division
P.O. Box 196300
Nashville, TN 37219-6300
Phone: 615/862-8860**

For family units with more than 8 members, add \$5,940 annually

Please attach copies of the following documents:

- Current and Active Utility Bill from NES or Piedmont Gas
- Current proof of income for all members of household for the past 8 weeks (Supplemental Security Income (SSI), Families First, Child Support, Payroll Check Stubs- *(4 pay stubs if paid biweekly or 8 paystubs if paid weekly)*)
- Social Security Cards verification for all household members (assistance will be denied due to refusal to provide social security number verification for all household members)

NOTE: Incomplete application will delay the process to be assisted.

**ONLY ORIGINAL APPLICATION WILL BE ACCEPTED FOR REVIEW
NO FAXES PLEASE**

OFFICE USE ONLY: (Applicant do not complete)

Community Service Staff

Date